

Name
in
Full

Hebraah Ann. Baile

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} New Windsor ^{County} Carroll

Date of death 1906 June 16 Age 83 Months Days

Sex Female Color or Race W Birthplace Md

Occupation Maiden Where Residing if not at place of death New Windsor

Married, Single or Widowed single Name of Wife or Husband

Father's Name Luderich Baile Father's Birthplace Md

Mother's Maiden Name Sarah Harris Mother's Birthplace Md

Name of person giving information Philip B. Snader How related to deceased No

CAUSES OF DEATH

PHYSICIAN
OR CORONER

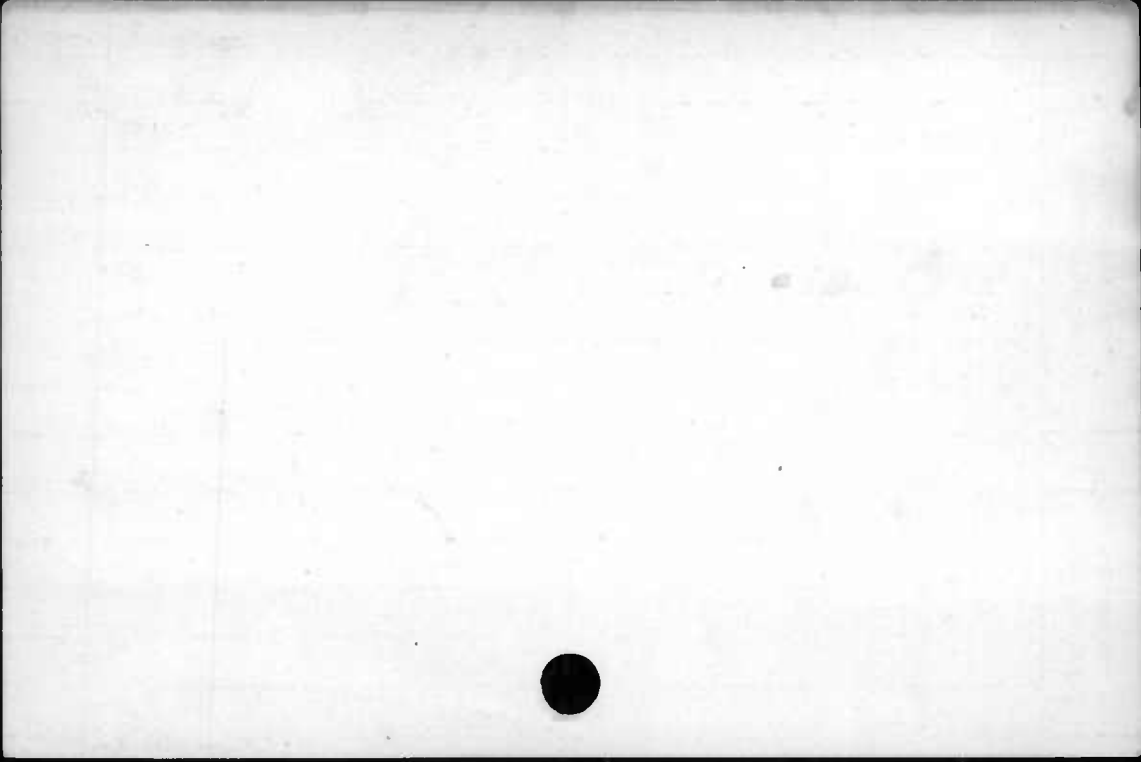
Primary Old age How long 3 years

Immediate Pulzys - (66) How long 3 days

Are the name, age, sex, color, date and place correctly given above? Signature of Physician Hebraah Ann. Baile

Address New Windsor Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Thomas N Bankerd

Town

County

MARYLAND

Died at

Date

Month

Day

Age

Years

Months

Days

of death

1906 Jan

20

73

4

15

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Elizabeth Stocksdale

Father's
Name

John Bankerd

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth Stonisiffer

Mother's
Birthplace

Md

Name of person giving
In formation

Elizabeth Bankerd

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Paralysis

How long

3 weeks

Immediate

"

How long

"

Are the name, age, sex, color, date
and place correctly given above?

yes

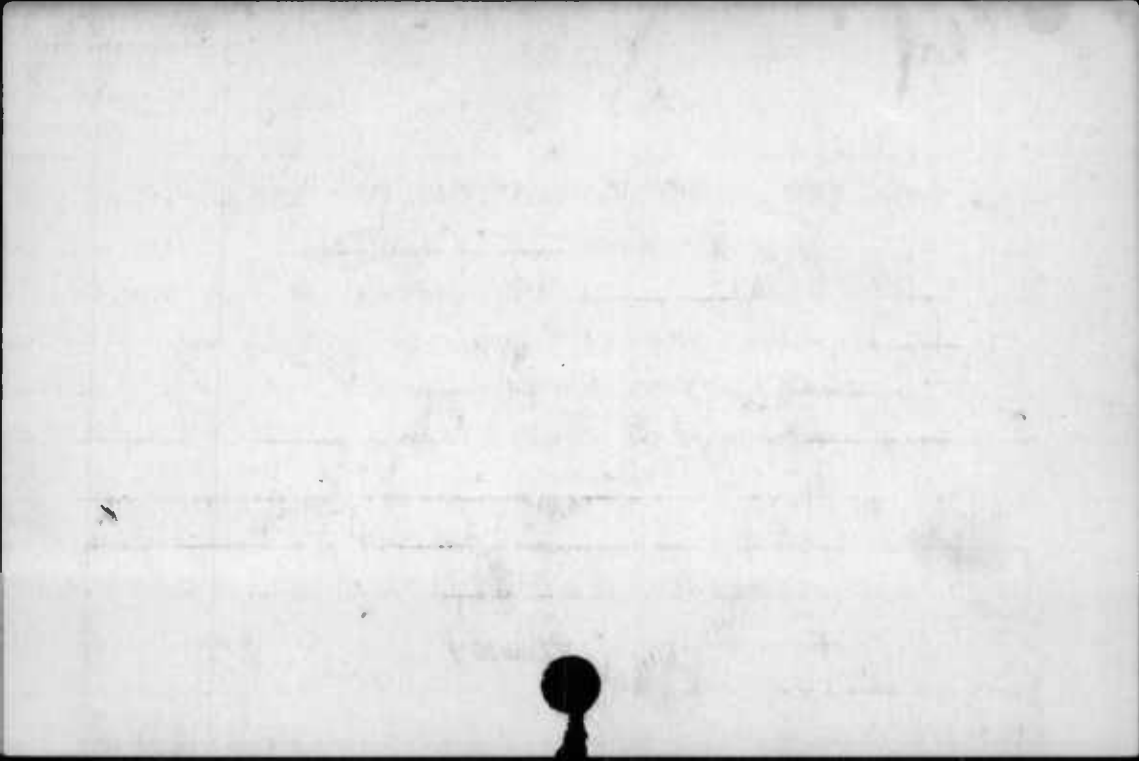
Signature of
Physician

Address

Jas. J. Herling M.D.
Westminster
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
FullNo. 35
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mary A. Bishop</i>		Town <i>Pleasant</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>June</i>		Day <i>29</i>		Age <i>44</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Carroll Co. Md.</i>		Months <i>2</i> Days <i>19</i>	
Occupation <i>Housekeeper</i>				Where Residing If not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rubie Bishop</i>					
Father's Name <i>Abner Jeff</i>		Father's Birthplace <i>Carroll Co. Md.</i>					
Mother's Maiden Name <i>_____</i>		Mother's Birthplace <i>_____</i>					
Name of person giving information <i>Rubie Bishop</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long <i>One Year</i>	
Immediate <i>Leucemia</i>		How long <i>45</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. J. Stewart</i>	
		Address <i>Union Mills Ind.</i>	
Accident or Suicide?			

41- Benjamin Lutton Cawston

Name in Full		Curvin Clayton Alpheus Brown				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Millers		Carroll			
Date of death		1906	Month 6	Day 30	Age 18	Months 7	Days 13
Sex		Male		Color or Race		White	
Birthplace		Millers		Where Residing if not at place of death		millers	
Occupation		barman					
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		David L. Brown				Father's Birthplace	
Mother's Maiden Name		Mandette Miller				Mother's Birthplace	
Name of person giving information		David L. Brown				How related to deceased	
		FATHER				Father	
		CAUSES OF DEATH					
Primary		Injured. Foot				How long	
Immediate		Tetanus				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				How long	
		Address				How long	
Accident or Suicide?		7/4				7/4	

O-70-10

June 1906 Carroll Co.

Name
in
Full

no 32

CERTIFICATE OF DEATH

Sarah R Brown

Town

County

MARYLAND

Died at

near Westminster

Canoll

Date

Month

Day

Years

Months

Days

of death

1906 June

24

Age

69

4

16

Sex

Female

Color or
Race

white

Birth-
place

Maryland

Occupation

Where Residing If not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

George W Brown

Father's
Name

Nasia Friedrich

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary Ann Gorsuch

Mother's
Birthplace

Lo

Name of person giving
information

Sophia Coane

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Pneumonia

How long

2 Weeks

Immediate

of pneumonia

How long

2 Weeks

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

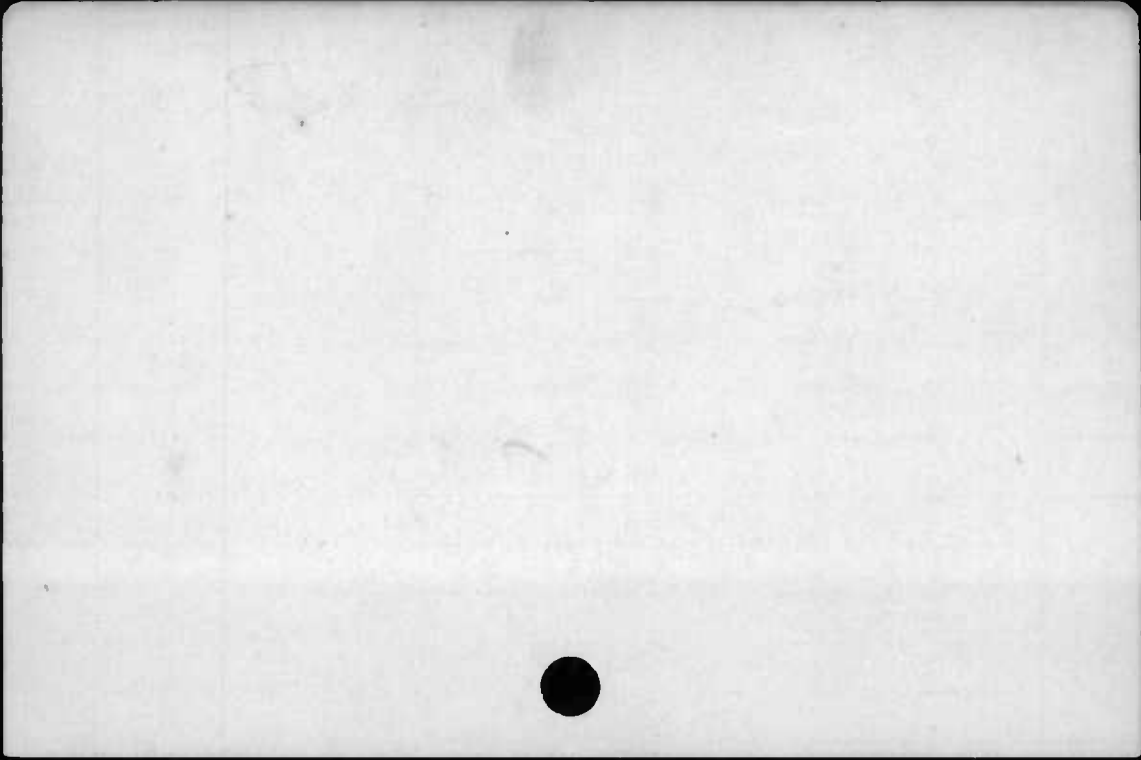
Address

D. D. Wells M.D.

Westminster
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Infant Fowler

CERTIFICATE OF DEATH

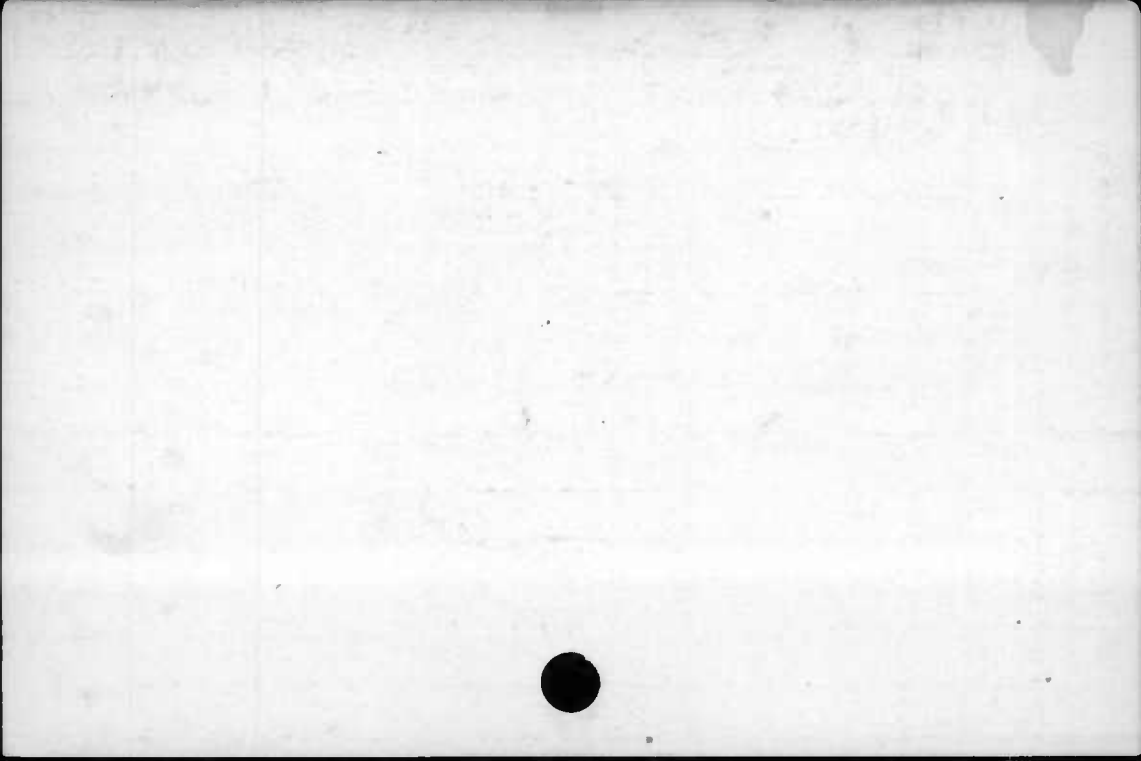
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Taneytown</i>		Town <i>Taneytown</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>6</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>0</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Near Taneytown</i>				
Occupation <i>none</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>George S. Fowler</i>			Father's Birthplace <i>near Taneytown</i>				
Mother's Maiden Name <i>Lothie M. Fowler Reaver</i>			Mother's Birthplace <i>near Taneytown</i>				
Name of person giving information <i>George S. Fowler</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Birth</i>	How long
Immediate <i>Miscarriage</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chandos M. Benner M.D.</i>
	Address <i>Taneytown Md.</i>
Accident or Suicide?	



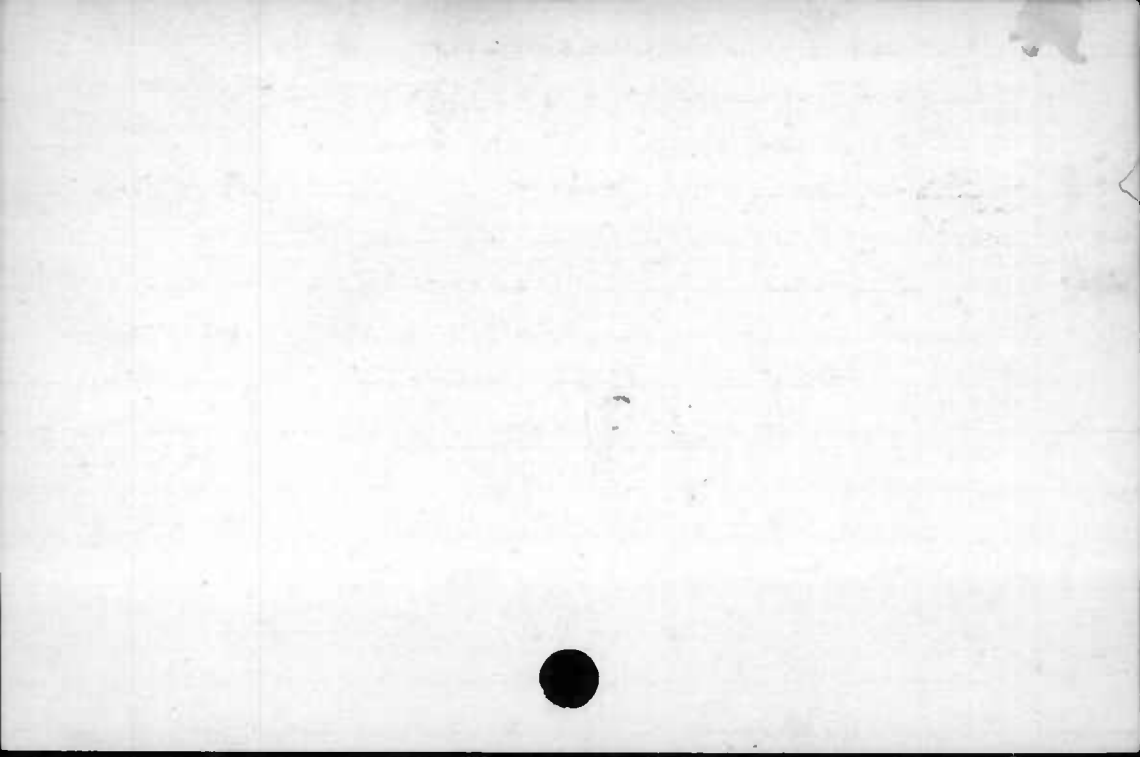
Name
in
FullNo 26
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name <i>Margaret A. Foulser</i>		Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1906 June 1</i>		<i>82</i>		<i>2</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>				Name of Wife or Husband <i>Dominick Foulser</i>			
Father's Name <i>Patrick Lynch</i>				Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Annie Cavanaugh</i>				Mother's Birthplace <i>II</i>			
Name of person giving information <i>C. H. Foulser</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>		How long <i>154</i>	
Immediate <i>Heart Failure</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos. J. Connor</i>	
		Address <i>Westminster</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

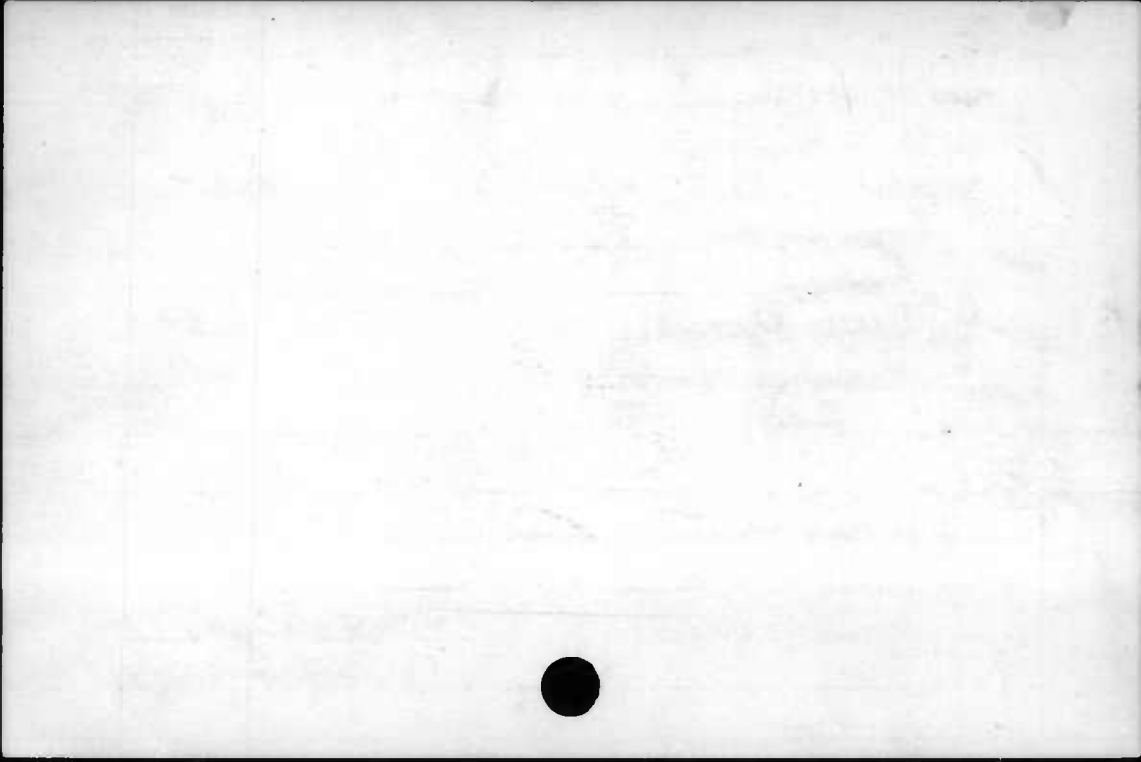
TO BE ANSWERED BY
NEAREST FRIEND

Margaret Jane Good		Town Harney		County Carroll		MARYLAND	
Died at		Date of death 1906		Month 6		Day 9	
Age		Years 64		Months		Days	
Sex Female		Color or Race White		Birth-place Md.			
Occupation House wife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Daniel Good					
Father's Name John Bishop		Father's Birthplace Pa					
Mother's Maiden Name Susan Little		Mother's Birthplace Pa					
Name of person giving information Daniel Good		How related to deceased Husband					

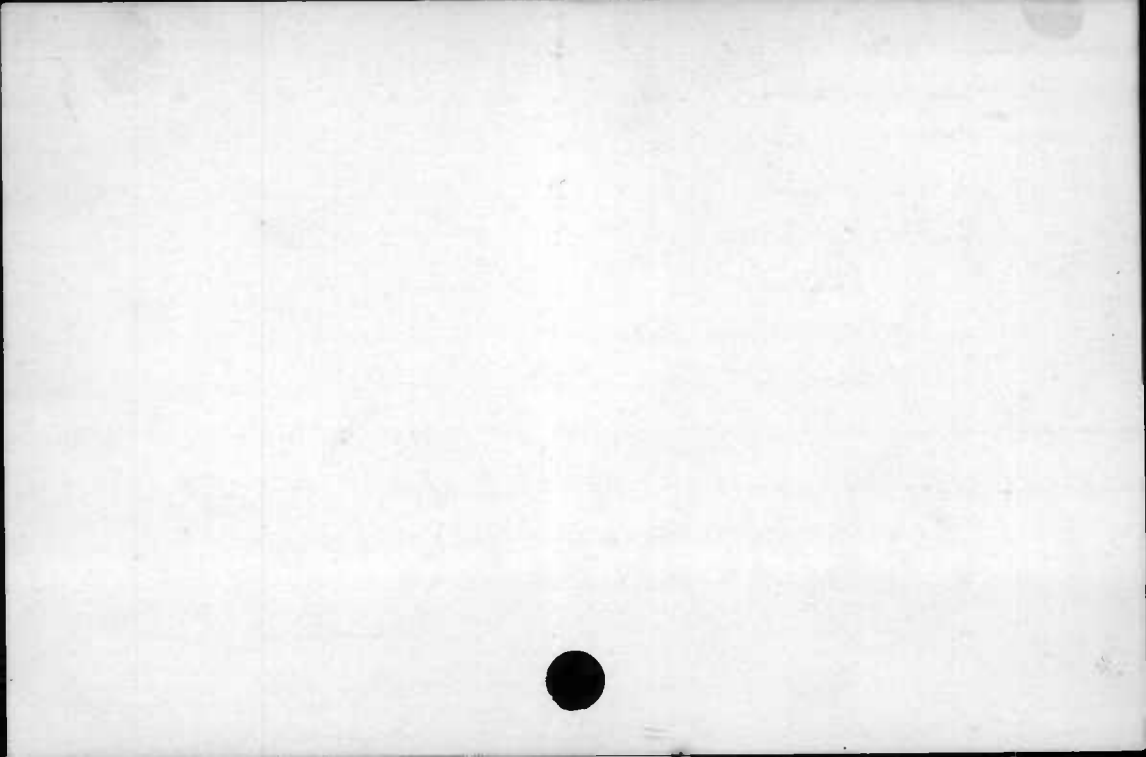
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Ascending Paralysis		How long 6 days -	
Immediate Hemiplegia due to Embolism - brain		How long 10 hours -	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Chandee M. Benner Md	
		Address Taneytown, Md	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
(Gosnell) Louis Augustus		MARYLAND			
Died near ^{Town} Sykesville		^{County} Carroll			
Date of death	1906	Month	6	Day	19
Age	37	Years		Months	
Sex	male	Color or Race	colored	Birth-place	md -
Occupation	Stonemason	Where Residing if not at place of death -			
Married, Single or Widowed	married	Name of Wife or Husband	blara. Virginia Gosnell		
Father's Name	J. Phillip Gosnell	Father's Birthplace	md -		
Mother's Maiden Name	Barbara Hall	Mother's Birthplace	md -		
Name of person giving information	Amfield Gosnell	How related to deceased	Bro		
CAUSES OF DEATH					
Primary	Valvular Heart Disease			How long	19
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?			yes		
Signature of Physician			M. Frank Lucas, M.D.		
Address			Sykesville, Md -		
Accident or Suicide?			-		



Name in Full		Harry R Haynes				No 28		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Wheaton		County Carroll		MARYLAND	
		Date of death		1906	Month June	Day 6	Age 4	Years 1	Months Days
		Sex		Male		Color or Race		White	
		Occupation				Birth-place		Maryland	
						Where Residing if not at place of death			
TO BE ANSWERED BY NEAREST FRIEND		Married, Single or Widowed		Single		Name of Wife or Husband			
		Father's Name		Russell L. Haynes		Father's Birthplace		M ^d	
		Mother's Maiden Name		Laura B. Wellhite		Mother's Birthplace		"	
		Name of person giving information		R L Haynes		How related to deceased		Father	
PHYSICIAN OR CORONER		CAUSES OF DEATH							
		Primary		Epidemic		How long		3 weeks	
		Immediate		School meningitis		How long		18 days	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		D. A. Wells Wheaton	
		Accident or Suicide?							

Sharon
Westminster Country

Name
in
Full

Adam Langhart

CERTIFICATE OF DEATH

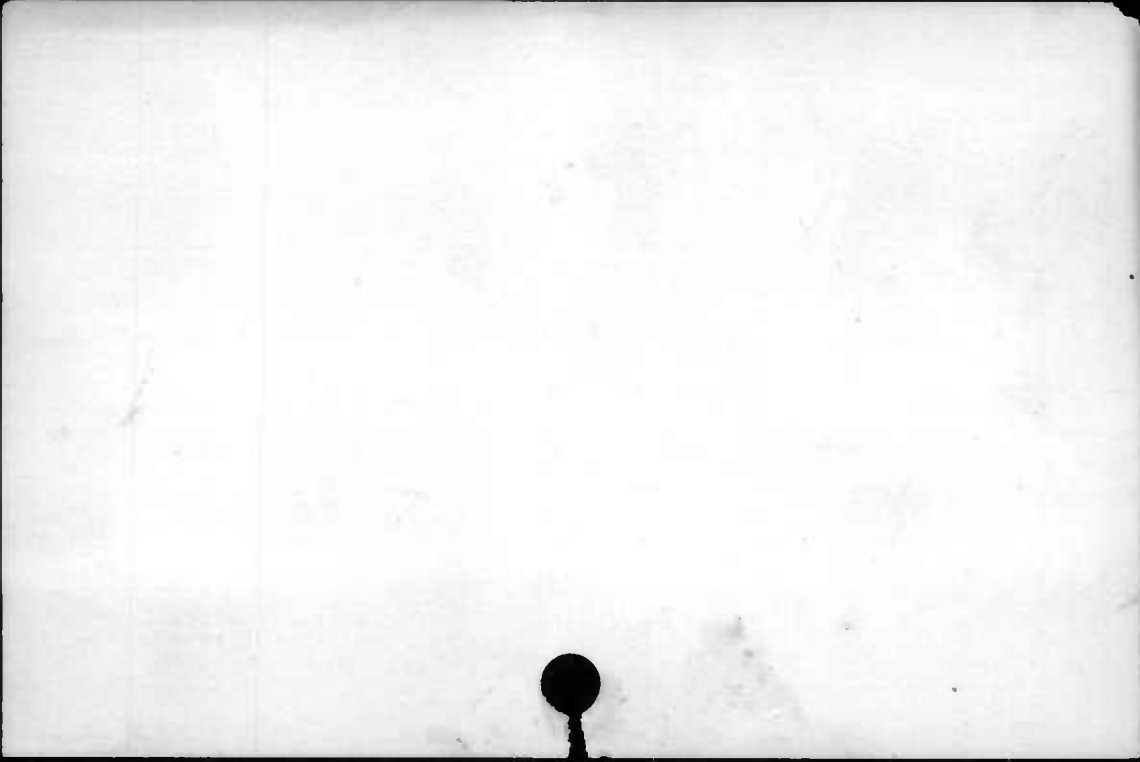
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>6</i>	Day <i>4</i>	Age <i>64</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Tailor</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Hospital records</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dementia</i>	How long <i>17 years</i>
Immediate <i>Org Heart Disease</i>	How long <i>5</i>
Are the name, age, sex, color, date and place correctly given above? <i>Is best of my knowledge</i>	Signature of Physician <i>Chas. J. Cary</i>
	Address <i>Sykesville Md.</i>
Accident or Suicide?	



Name
in
Full

Sarah Lee

CERTIFICATE OF DEATH

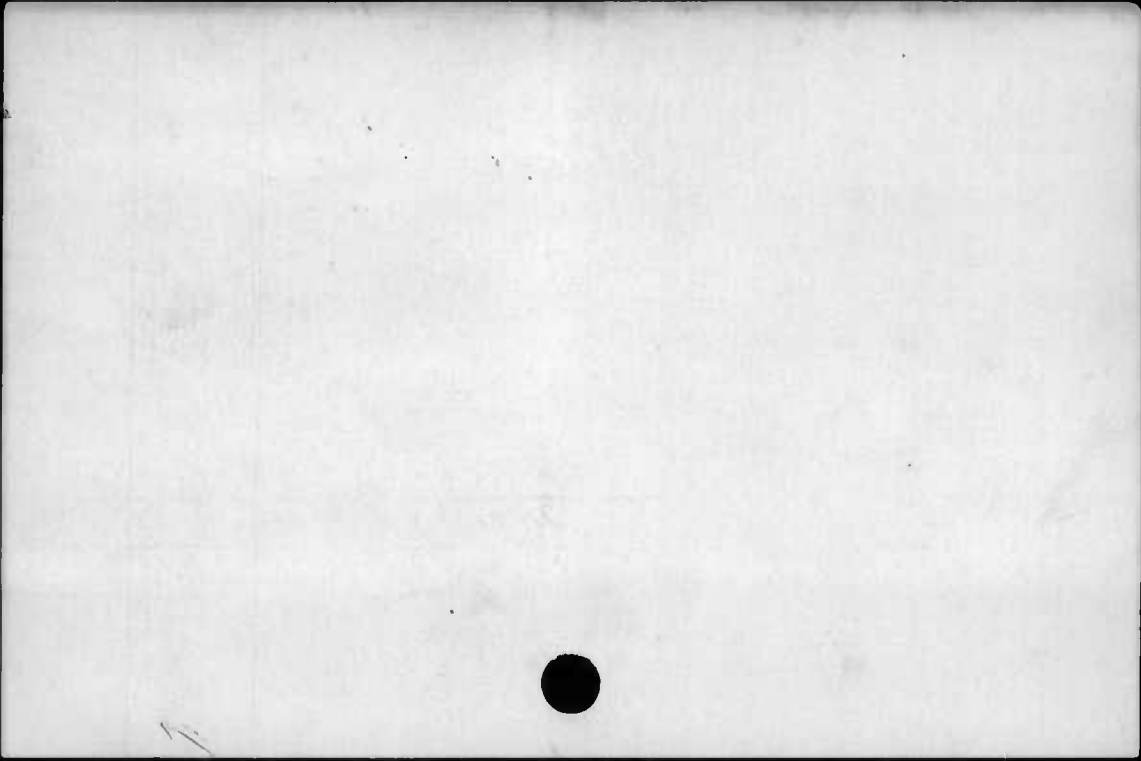
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Sykesville</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	1906	Month	June	Day	10	Age	66
Sex	Female	Color or Race	White	Birth-place	Sykesville	Months	—
Occupation	Housewife	Where Residing if not at place of death	—				
Married, Single or Widowed	Widow	Husband	—				
Father's Name	Augustus Hobbs	Father's Birthplace	Md.				
Mother's Maiden Name	Nellie Hippley	Mother's Birthplace	Md.				
Name of person giving information	Gas B Weert	How related to deceased	Cousin				

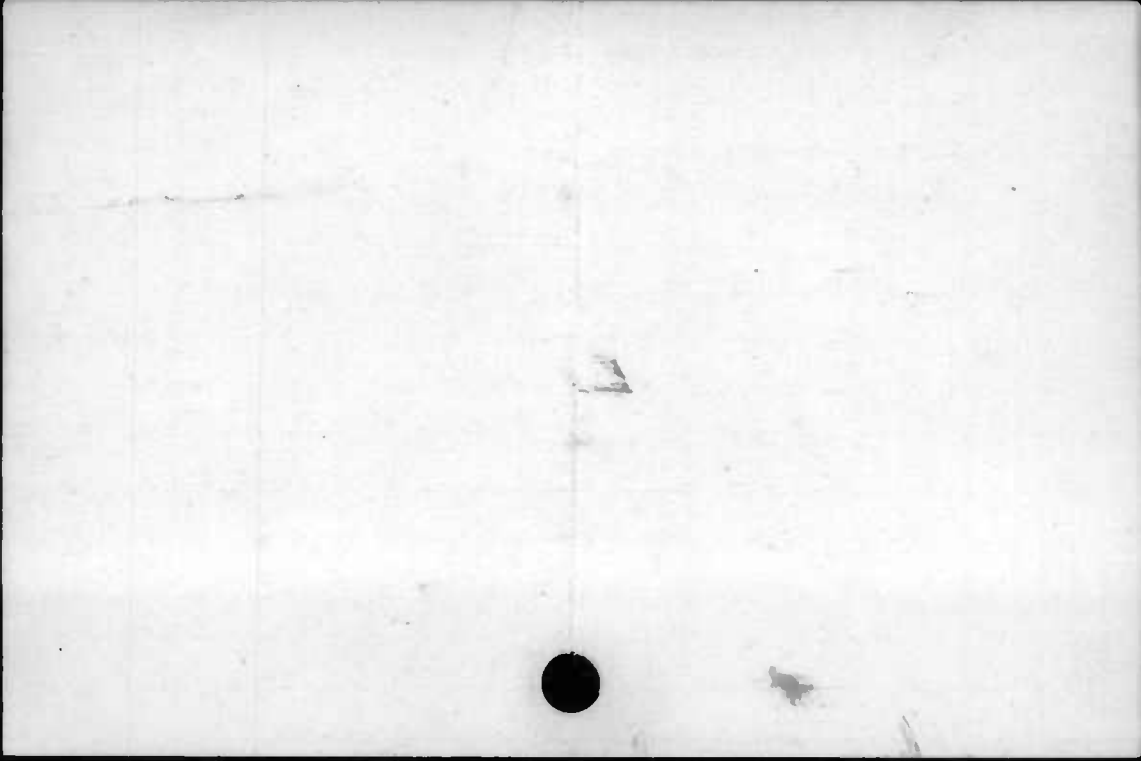
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chasbel Hemminger	How long	About 4 days
Immediate	Effects same	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	C. M. Heffenger.
		Address	Sykesville Md.
Accident or Suicide?			



Name in Full		Heroy Poole				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Eldersburg		Carroll				
	Date of death		Month	Day	Years	Months	Days
	1906		June	26	—	—	8
	Sex		Color or Race		Birth-place		
	male		W. white		Md.		
	Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
—		—					
Father's Name		U. & Poole				Father's Birthplace	
—		—				Md.	
Mother's Maiden Name		Minnie Warner				Mother's Birthplace	
—		—				Md.	
Name of person giving information		U. & Poole				How related to deceased	
—		—				Father	
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Premature birth				How long
	—		—				—
	Immediate		Convulsions				How long
	—		—				12 hrs.
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
—		—		M. D. Morris			
Address		Eldersburg Md.					
Accident or Suicide?		—					



Name
in
Full

Rosa L Reese

No 29

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Watkinsville</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u> <small>Month</small>	<u>June</u> <small>Day</small>	<u>12</u> <small>Age</small>	<u>48</u> <small>Years</small>	<u>3</u> <small>Months</small>
<u>Female</u> <small>Sex</small>	<u>white</u> <small>Color or Race</small>	<u>Maryland</u> <small>Birth-place</small>			
<u>Occupation</u>			<u>Where Residing if not at place of death</u>		
<u>Single</u> <small>Married, Single or Widowed</small>		<u>Name of Wife or Husband</u>			
<u>William Reese</u> <small>Father's Name</small>		<u>Maryland</u> <small>Father's Birthplace</small>			
<u>Sarah Jane Geringling</u> <small>Mother's Maiden Name</small>		<u>do</u> <small>Mother's Birthplace</small>			
<u>John J. Reese</u> <small>Name of person giving information</small>		<u>Brother</u> <small>How related to deceased</small>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Dropsey Asthma</u>	How long	<u>72 days</u>
Immediate	<u>Heart</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr. S. Mathias</u>	
		Address <u>Chapinville Md</u>	
Accident or Suicide?			



Name

in
Fullno 34
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Irman Shaeffer</i>		Town <i>Westminster</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at <i>Westminster</i>		Month <i>June</i>		Day <i>26</i>		Age <i>—</i>	
Date of death <i>1906</i>		Month <i>June</i>		Day <i>26</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Days <i>4</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>do</i>	
Father's Name <i>Harry H Shaeffer</i>		Mother's Maiden Name <i>Annie M Kee</i>		Name of person giving information <i>John S Shaeffer</i>		How related to deceased <i>Grandfather</i>	

CAUSES OF DEATH

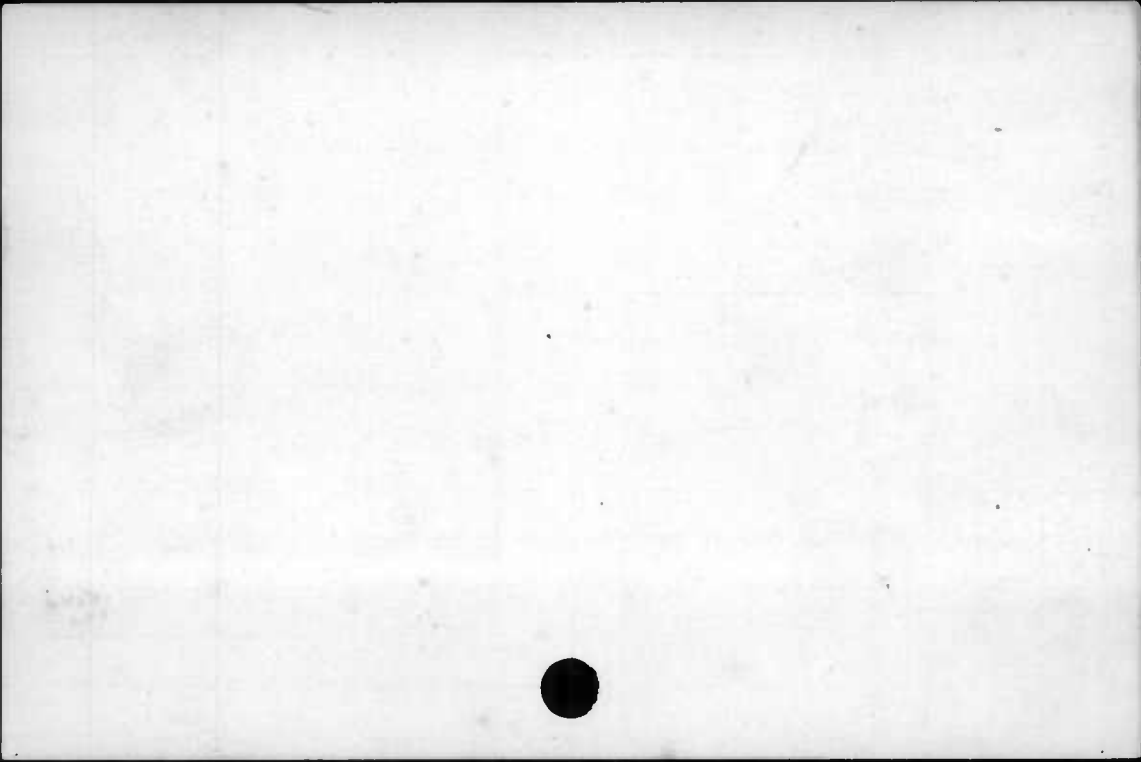
PHYSICIAN
OR CORONER

Primary <i>Jaundice</i>	How long <i>12 hours</i>
Immediate <i>Curriculum</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John S. Martin</i>
	Address <i>Westminster Md</i>
Accident or Suicide?	

Sharon

St John Cemetery

Name in Full		Mabel Ruth Smith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Age	Years	Months
	1906		6	4	—	—	4
	Sex		Color or Race		Birthplace		
	Female		White		Hampstead, Md		
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		John H. Smith				Father's Birthplace	
Mother's Maiden Name		Ida F. Smith				Mother's Birthplace	
Name of person giving information		John H. Smith				How related to deceased	
						Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Mal-nutrition, Fungus				How long
							3 mos.
	Immediate		Infantile Convulsions				How long
							12 hrs
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		
				Edgar M. Bush M.D.			
				Address			
				Hampstead, Md			
Accident or Suicide?							



Name
in
Full

No 31

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death		Month <i>June</i>	Day <i>23</i>	Years <i>65</i>	Months <i>5</i>	Days <i>25</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Maryland</i>			
Occupation <i>Editor</i>				Where Residing if not at place of death —			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Florence Mills</i>		Father's Name <i>Henry Vanderford</i>		Father's Birthplace <i>Washington</i>	
Mother's Maiden Name <i>Angelina Vanderford</i>				Mother's Birthplace <i>Do</i>			
Name of person giving Information <i>Florence Vanderford</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Myocardium</i>		How long <i>6 days - 2 weeks</i>
Immediate <i>Acute Influenza</i>		How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. H. Bellinger</i>
		Address <i>Westminster Md.</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Infant
Silver Run
TownWartman
Leaswell
County

MARYLAND

Date

of death 1906

Month

June

Day

18th

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Silver Run

Occupation

Where Residing if not
at place of death~~Married, Single~~
or WidowedName of Wife or
HusbandFather's
Name

G. Willis Wartman

Father's
Birthplace

Edwards Co

Mother's
Maiden Name

Mary Yeager

Mother's
Birthplace

" "

Name of person giving
information

J. Stewart Hartman

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. Stewart
Wartman
Md

Accident or Suicide?

R D Hartman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Laura M. R. White</i>		Town <i>Greenmount</i>		County <i>Carroll</i>		STATE MARYLAND	
Died at		Date of death <i>1906</i>		Month <i>6</i>		Day <i>22</i>	
Age <i>11</i>		Years <i>11</i>		Months <i>3</i>		Days <i>24</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>—</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm White</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>Wm White</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

*Strangulation**172*

How long

Immediate

by drowning

How long

Are the name, age, sex, color, date and place correctly given above?

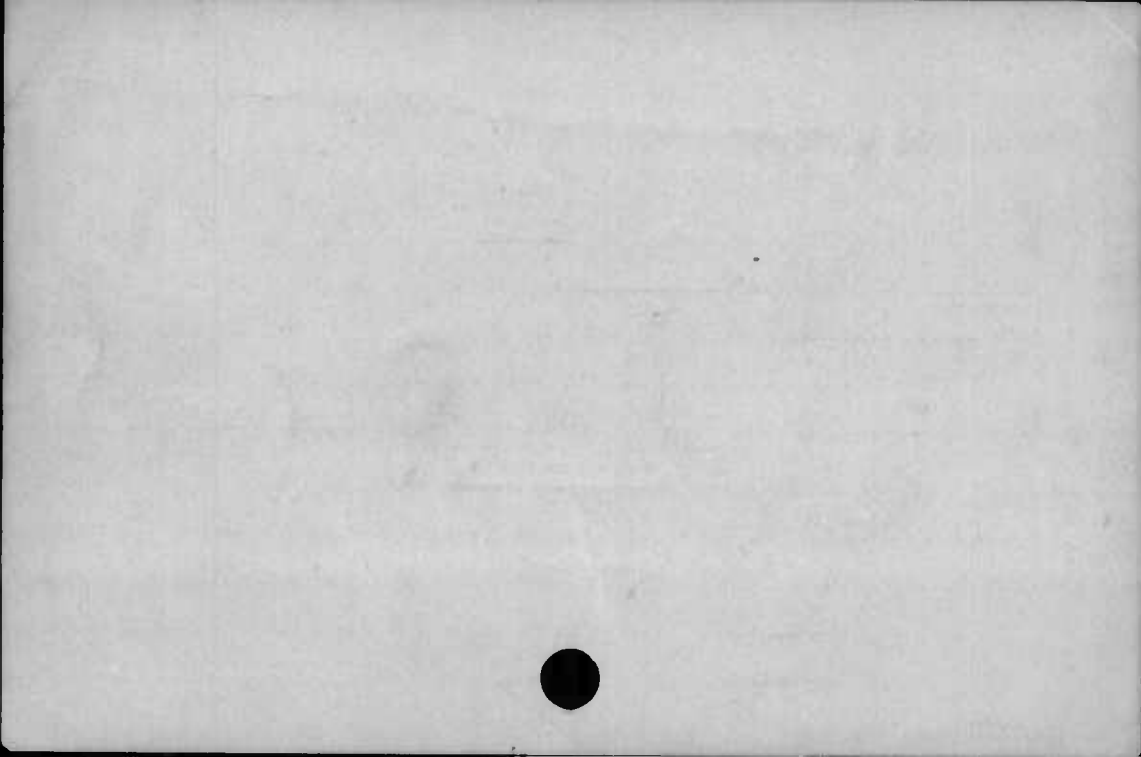
yes

Signature of Physician

Address

R F Richardson M.D.
Hampstead

Accident or Suicide?



Name
in
Full

Katurah R. Wickert

No 27
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Westminister Town Carroll County MARYLAND

Date of death 1906 Month June Day 2 Age 59 Years 9 Months 3 Days

Sex Female Color or Race White Birth-place Maryland

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Married Name of Wife or Husband Samuel C. Wickert

Father's Name William Brown Father's Birthplace Ind

Mother's Maiden Name Katurah Manning Mother's Birthplace "

Name of person giving information Mollie Albough How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Endocarditis How long 3 y

Immediate Bacterial lymph How long 1 h

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Jos. T. Heng

Address Westminister

Ind

Accident or Suicide? ☐

Shaver
Wintunster Cemetery

Name
in
Full

No 33

CERTIFICATE OF DEATH

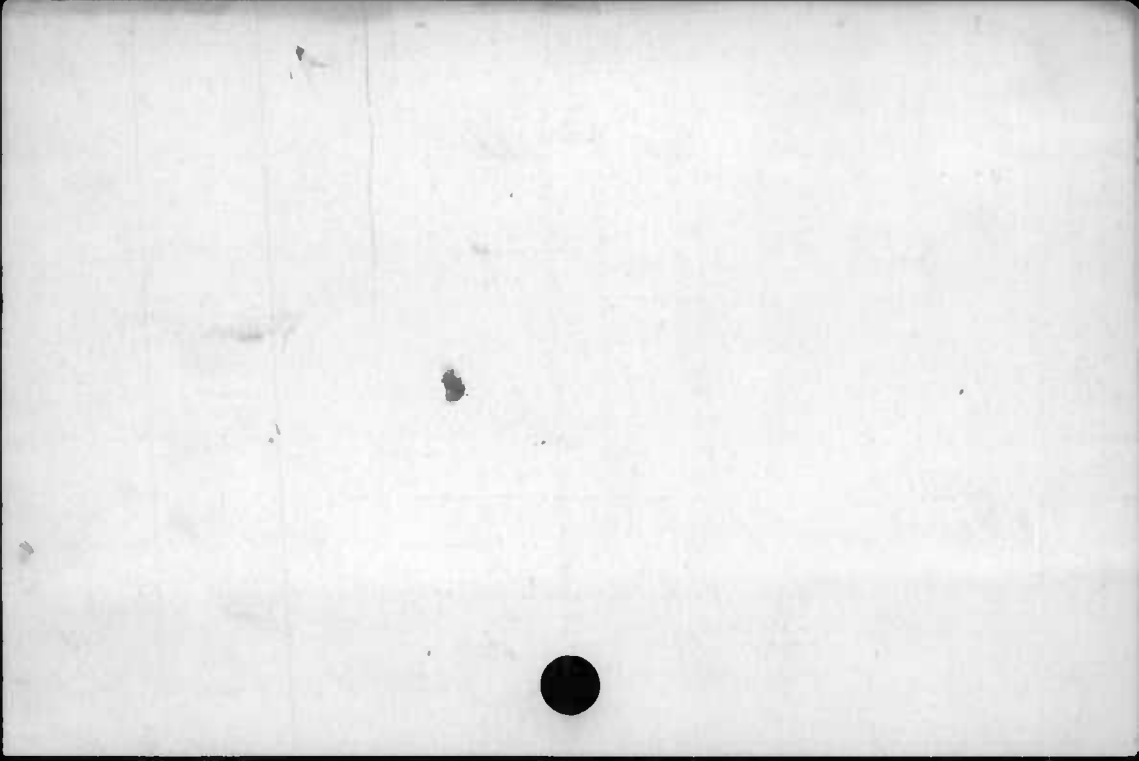
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death		Month <i>June</i>		Day <i>19</i>		Age Years Months Days	
Sex		Color or Race <i>White</i>		Birth- place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>William Wilson</i>				Father's Birthplace <i>Carroll Co., Md.</i>			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation <i>William Wilson</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>		How long <i>S</i>	
Immediate <i>—</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. B. M. D.</i>	
		Address <i>Westminster</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

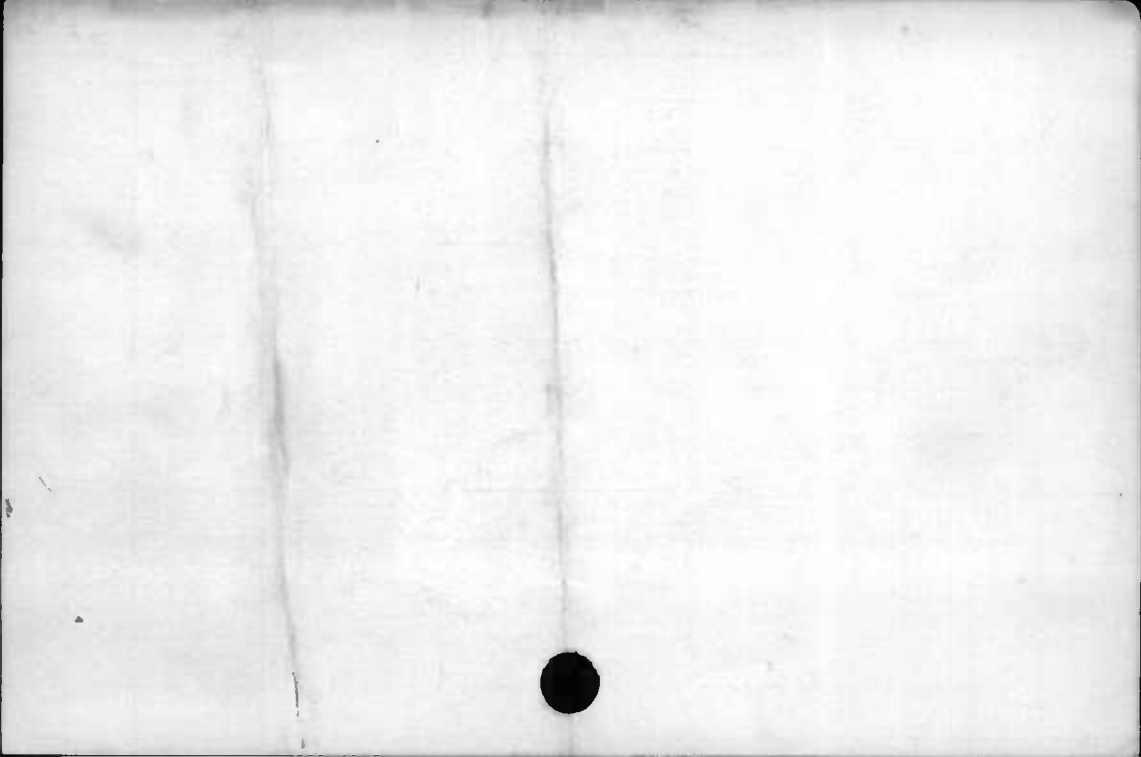
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Minnie Wilson</i>		Town <i>Oakland</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>1906</i>		Age <i>22</i>		Months <i>0</i>	
Month <i>June</i>		Day <i>15</i>		Years		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Manly</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death		Place of death <i>Place of death</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>E. Wilson</i>					
Father's Name <i>J. Tripley</i>		Father's Birthplace <i>Mo.</i>					
Mother's Maiden Name <i>Sarah</i>		Mother's Birthplace <i>Mo.</i>					
Name of person giving information <i>E. Wilson</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Negligent Labor</i>		How long <i>Twelve hours</i>	
Immediate <i>Hemorrhage & Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. H. Ward, M.D.</i>	
		Address <i>Harrisonville Mo.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Adda Cathern Marion Woodward

MARYLAND

Died at Wakefield

Town

Carroll

County

Date of death 1906

Month

June

Day

29

Age

Years

Months

Days

12

Sex female

Color or
Race

B.

Birth-
place

Wakefield

Occupation

none

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Aaron Woodward

Father's
Birthplace

Md

Mother's
Maiden Name

Quilling

Mother's
Birthplace

Md

Name of person giving
Information

Aaron Woodward

How related
to deceased

father

CAUSES OF DEATH

Primary

Malformation -

How long

12 days

Immediate

Whooping Cough.

How long

8 days.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. E. Winters

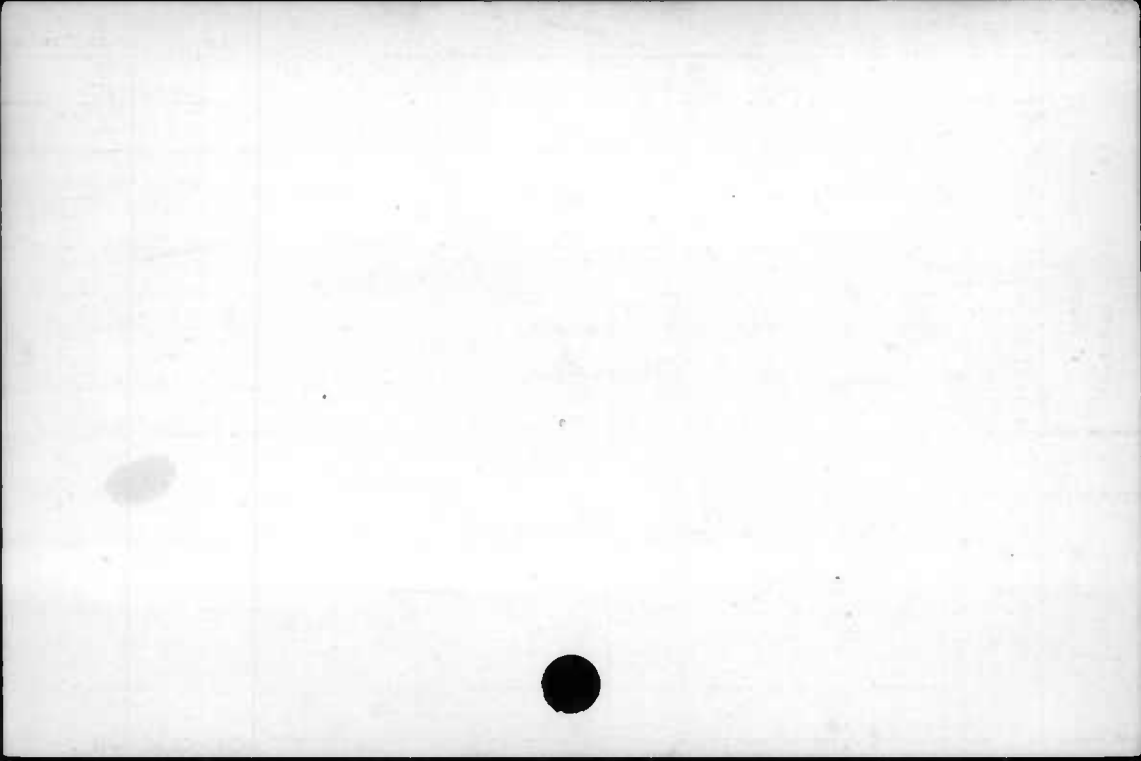
Address

New Windsor, Md.

Accident or Suicide?

—

PHYSICIAN
OR CORONER



Name
in
Full

Eliza Zepp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Matherly		County Carroll		MARYLAND	
Date of death 1906		Month June		Day 26		Age 80	
Sex Female		Color or Race White		Birth-place Maryland			
Occupation Housewife		Where Residing if not at place of death					
Married, Single Widowed		Name of Wife or Husband Absolom					
Father's Name Samuel Stoneriser		Father's Birthplace Maryland					
Mother's Maiden Name unable to ascertain		Mother's Birthplace					
Name of person giving information Mrs Starnes		How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy Cerebra (64)		How long
Immediate	"		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician C. C. Rupp	
Pleasant Valley		Address Tammstown Md.	
Accident or Suicide?		✓	

